limb. 3. The disturbance is characterized by *a.* thrombosis of a major arterial vessel; *b.* embolism of some minor one; and *c.* chronic inflammation of the artery, (arterio-sclerosis). 4. The latter morbid process represents the commonest cause of senile gangrene. It arises from a retardation of the blood current, accompanied with an increase in the arterial tension. 5. The retardation of the current may result, on one side, from failure of the cardiac action (decrease in energy, etc.), and on the other from venous stasis with capillary obstruction. 6. The author's experiments (on dogs) seem to point out that primary morbid changes arise in veins (phlebo-sclerosis).—*Vratch*, 1889, No. 4.

III. Terebene as a Surgical Dressing Material. By Prof. TIMOFEI I. BOGOMOLOFF (St. Petersburg, Russia). Terebene, prepared and described first by Steles de Vglom, has been introduced into surgical practice by Dr. Vladimir I. Radulovitch, of Orel, about 1868-9. It has been used ever since at the Orel Feinsky Hospital with best results, as an antiseptic means for irrigating wounds (and even as an internal disinfectant in cases of tubercular enteritis, etc.). In 1878 Dr. Bond has published his well-known experiments showing that the substance possesses powerful disinfectant and antiseptic properties. Later on, Dr. Wood has recommended it as a most valuable dressing material emanating a very pleasant odor, yielding on evaporation igol, deodorizing putrid ulcers and wounds, and destroying bacteria without coagulating proteids. The drug was subsequently used —and that most successfully—by several British and French surgeons in a great number of cases of ex-articulations and amputations, in atonic ulcers, uterine cancer, etc. Prof. Bogomoloff similarly eulogizes terebene as a cheap and effective antiseptic, disinfectant and deodorizing agent, but at the same time he draws attention that commercial terebene is often impure (contains an undecomposed turpentine oil and various accessory products of distillation), and hence, sometimes manifests a local irritant action (gives rise to blisters, etc.). The writer recommends the following method for preparing a chemically pure and non-irritating terebene: Take 10 or 20 parts of turpentine oil and 1 part of concentrated sulphuric acid, mix them in a large china bowel and let the mixture stand for 24 hours; then decant the upper strata of the fluid, shake the portion with soda and subject to distillation at from 150° to 160° C. The purity of the product is to be tested by fuchsin which is absolutely impossible in a pure terebene, and by metlislene-violet and iodoform which are dissolved therein, the better the purer the preparation is. Moreover, a pure terebene disguises idoform odor most completely; in fact, is the best deodorisant for the drug yet known. The distillation gives the following products: 1. A resin which is employed for disinfecting cess-pools, etc., and a fluid residuum. The fluid is subjected to a further distillation, and then gives 2. a gaseous terebene, and 3. a dark-brown resin. The latter constitutes an excellent material for preparing terebene soaps and a terebene paper. The exceedingly cheap paper is prepared of 6 ounces of the resin with 1 ounce of *oleum cocos*, and $^1/_2$ ounce of paraffine. 4 When soaked in water, the resin gives a terebene lotion which represents a most valuable deodorizing and disinfectant means in surgical and obstetrical practice.—*Transactions of the Third General Meeting of Russian Medical Men at St. Petersburg*, 1889, No. 10.

HEAD AND NECK.

I. Injection of Perchloride of Iron in Cavernous Angioma of Cheek. By Prof. Nikolai Studensky (Kazan, Russia). A hospital nurse, æt. 22 years, sought the writer's advice for a huge blue turgid tumor of her right cheek of 20 years' standing. The new growth reached from the upper edge of the auricle down to the chin, (16 cm.), and from the posterior edge of the ramus of the lower jaw up to the canine fossa and right angle of the mouth (8 cm.). It involved the whole thickness of the cheek (6 cm.) as well as the tonsil, and an adjacent portion of the soft palate. It disappeared on pressure. On its cutaneous aspect there was seen a vertical scar representing a trace of some operative attempts which had been made by a country practitioner about three years before, to be given up in view of a tremendous hæmorrhage. The girl expressed an ardent desire to